

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-378)							SERIAL NO. <b>09/040,518</b>	FILING DATE <b>02-17-98</b>
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4		1						
5		1						
6		1						
7		1						
8		1						
9		1						
10		1						
11		1						
12		1						
13	1							
14	1							
15		2						
16		2						
17		2						
18		2						
19		2						
20		2						
21		2						
22			1					
23				1				
24								
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93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	3		1					
TOTAL DEP.	25		29					
TOTAL CLAIMS	28		30					
TOTAL IND.			0					
TOTAL DEP.			11					
TOTAL CLAIMS			11					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

41  
2/8/98